06057

STATE OF MARYLAND
CERTIFICATE OF DEATH

(947)

Registration Dist. No. 187

1 PLACE OF DEATH

County Garrett

Village or City Fairview (No. ..... St.: ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Christina E. Anderson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widdowed

6 DATE OF BIRTH: Feb (Month) 2 (Day), 1829 (Year)

7 AGE: 90 yrs. 4 mos. 14 ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: House keeper
(b) General nature of industry business, or establishment in which employed or (employer) .....

9 BIRTHPLACE (State or country): Grant co W. Va

PARENTS

10 NAME OF FATHER: Fredrick, Lee

11 BIRTHPLACE OF FATHER (State or country): Garrett co, Md

12 MAIDEN NAME OF MOTHER: Eliza Cosner

13 BIRTHPLACE OF MOTHER (State or country): Grant co W Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella S. Cosner

(Address) Germania W Va

15 Filed June 19, 1939. Virginia M. Harvey, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 17 (Day), 1939 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from April 28 1939 to ....., 192..., that I last saw her alive on April 28, 1939, and that death occurred on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Hypertension + arteriosclerosis
Senility and senile dementia
Coronary occlusion 4/28/39.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory Secondary .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harold C. Miller M. D.

June 18 1939 (Address) Eglon, W. Va.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State, ... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Fairview

DATE OF BURIAL: June 19, 1939

20 UNDERTAKER: Otho H. Sharpless

ADDRESS: Bloomington

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE [illegible] ONLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have had no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED JUL 6 1939

STATE OF MARYLAND—CERTIFICATE OF DEATH

06058

1. PLACE OF DEATH (94E)

County Garret Registration Dist. No. 1

Village or City Accident No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelius Bowser

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb 15, 1870

7. AGE: Years 69 | Months 3 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

f1. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Near Accident Maryland

FATHER

13. NAME: Hiram Jake Bowser

f4. BIRTHPLACE (city or town) (State or country): Penn

MOTHER

15. MAIDEN NAME: ~~Elizabeth Smith~~

16. BIRTHPLACE (city or town) (State or country): Barbara Brown Md.

f7. INFORMANT (Address): Fred Bowser

f8. BURIAL, CREMATION, OR REMOVAL

Place Accident Date 6/14, f939

19. UNDERTAKER (Address): W. H. Savage Friendsville Md

20. FILED June 13, 1939 A. J. Rielder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 12 (Day), f939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 17, f938, to June 12, f939

I last saw him alive on May 31, f939; death is said to have occurred on the date stated above, at 5 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	April 18, 39

Other Contributory Causes of Importance:

Generalized arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, f9

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Eugene Greenwald M. D.

(Address) Friendsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(469)

06059

CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH:

County Garrett

City or town Rural No 2 Grantsville Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 65 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garrett

City or town R D 2 Grantsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dareas Ellen Broadwater

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife Harvey Broadwater

6(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) March 23 1872

8. AGE: Years 67 | Months 7 | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace Md Garrett Co
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name Edward Broadwater

13. Birthplace Md

MOTHER 14. Maiden name Sarah Whitsell

15. Birthplace Md

16. Informant James Broadwater

Address R D 2 Grantsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-20-39 (month) (day) (year)

Cemetery or crematory Warnick Cemetary

Location R D 2 Grantsville

18. Funeral director Wm Winebrenner

Address Grantsville Md

19. June 19 1939 (Date rec'd by registrar) J B Emory Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1939 at 1:00 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to June 17 1939 and that I last saw h alive on June 17 1939

Immediate cause of death Carcinoma of Uterus DURATION 6 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. R. Davis M.D.
M. D. or other

Address Grantsville Md Date signed June 19 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 9 1889
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48) Reg. Dist. No. 16

CERTIFICATE OF DEATH

06960

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Garrett
(b) City or town Mt. Lake Park, Md. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Loch Lynn
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in this community (yrs., mos., or days) 8 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Garrett
(c) City or town Mt. Lake Park, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. ✓ (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Edith Victoria (King) Clary

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nelson Franklin Clary

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1916

8. AGE: Years 24 | Months 7 | Days 6 | If less than one day: ✓ hr. ✓ min.

9. Birthplace Vindex, Garrett Co., Md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own Home

FATHER
12. Name John B. King
13. Birthplace Garman, Md.

MOTHER
14. Maiden Name Susan M. Swick
15. Birthplace Petersburg, W. Va.

16 (a) Informant Nelson Clary
(b) Address Mt. Lake Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18, 1939 (month) (day) (year)
(c) Cemetery or crematory Deer Park
Location Deer Park, Md.

18 (a) Funeral director Herbert C. Leighton
(b) Address Oakland, Md.

19 (a) 6/19/1939 (Date rec'd by registrar) (b) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death June 16 1939, at 12:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1939, to June 15 1939, and that I last saw her alive on June 15 1939.

Immediate cause of death	Duration
Carcinoma of uterus (Hydatidiform mole)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clift P. Bruce M.D. (M. D. or other)
Address Oakland, Md. Date signed 6-19-39

RECEIVED
JUL 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 16 06661

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Garrett

(b) City or town R.D. Oakland, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓

(e) Length of stay in this community (yrs., mos., or days) 27 da.

2. HOME (USUAL RESIDENCE) OF DECEASED

(a) State Md. (b) County Garrett

(c) City or town Rural - Oakland, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. State Line & Cherry Creek
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Helen Virginia Dilsworth

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife _____

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) May 6, 1939

8. AGE: Years ✓ | Months ✓ | Days 27 | If less than one day _____ hr. _____ min.

9. Birthplace R.D. Oakland Garrett Co., Md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business ✓

FATHER

12. Name Elmer Dilsworth

13. Birthplace R.D. Oakland, Md.

MOTHER

14. Maiden Name Pearl Hixenbaugh

15. Birthplace Roulesburg, W.Va.

16 (a) Informant Elmer Dilsworth

(b) Address Oakland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1939 (month) (day) (year)

(c) Cemetery or crematory Underwood

Location South west of Oakland, Md.

18 (a) Funeral director Herbert C. Leighton

(b) Address Oakland, Md.

19 (a) July 5 1939 (Date rec'd by registrar) (b) Elmer C. Shaffer Registrar

MEDICAL CERTIFICATION

20. Date of death June 7, 1939, at 5:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/19 1939, to 5/31 1939, and that I last saw him alive on 5/31 1939.

Immediate cause of death Convulsions, with fever and exhaustion — Duration 3 days

Due to Unknown cause - there was no evidence of central nervous system involvement and while there was mild fever & mild gastro-enteritis neither were of sufficient severity to account for convulsions or death.

Other conditions Had miliaria rubra 10 days before which cleared promptly
(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature Harold C. Miller M.D.
M. D. or other

Address Eglon, W.Va. Date signed 6/12/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-0)

06062

CERTIFICATE OF DEATH

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Grantsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garrett

City or town Grantsville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Allena Jane Falk

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John A. Falk

6(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Oct 2 - 1875

8. AGE:

Years	Months	Days	If less than one day
64	8	16	hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Home Wife

11. Industry or business

FATHER 12. Name Sampson Billings

FATHER 13. Birthplace Md

MOTHER 14. Maiden name Barbara Engle

MOTHER 15. Birthplace Md

16. Informant Harvey J Bender

Address Grantsville

17. Burial (Burial, cremation, removal. Which?) Date thereof 6 - 20 - 39 (month) (day) (year)

Cemetery or crematory Springs Cemetary

Location Springs Pa

18. Funeral director Wm Winterberg

Address Grantsville Md

19. June 19 1939 (Date rec'd by registrar) C H Dill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1939 at 12:30 a

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 1939, to June 18 1939 and that I last saw her alive on June 16 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 days
Due to	
Due to	
Other conditions Arteriosclerosis	5 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. R. Davis M.D.
M. D. or other

Address Grantsville Md Date signed June 19 1939

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (166) Reg. Dist. No. 166

06063

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County: Garrett

(b) City or town: Near Oakland, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days):

(e) Length of stay in this community (yrs., mos., or days): 39 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Md. (b) County: Garrett

(c) City or town: Oakland (If outside city or town limits, write RURAL and give town)

(d) Street No.: Second Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Elwood Hinebaugh

3 (b) If veteran, name war: No

3 (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary L. Hinebaugh

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 1, 1900

8. **AGE:** Years: 38 Months: 8 Days: 7 If less than one day: ____ hr. ____ min.

9. Birthplace: Oakland, Md. (Town, county, and state)

10. Usual occupation: Waiter in restaurant

11. Industry or business: Restaurant

FATHER

12. Name: William G. Hinebaugh

13. Birthplace: Accident, Md.

MOTHER

14. Maiden Name: Mary Anne Martin

15. Birthplace: Martinsferry, Ohio.

16 (a) Informant: Mary L. Hinebaugh

(b) Address: Oakland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/39 (month) (day) (year)

(c) Cemetery or crematory: Oakland, Md.

Location:

18 (a) Funeral director: Bolden Undertaking Co.

(b) Address: Oakland, Md.

19 (a) 6/23/1939 (Date rec'd by registrar) (b) Elmer Rowan Local Registrar

MEDICAL CERTIFICATION

20. Date of death June 8, 1939 19__, at 8:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death	Duration
Suicide by drowning	
Premeditated	
Due to	
Due to	
Other conditions (Went to the lake about 8:00 P. M. June 8, 1939 and body found June 22 1939 about 1:30 P. M.) (Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: Suicide

(b) Date of occurrence: June 8, 1939

(c) Where did injury occur? Deep Creek Lake (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)

(e) Means of injury: Drowning

23. Signature: N. I. Bradenbaugh M.D. Deputy Medical Examiner

Address: Oakland, Md. Date signed 6/23/39

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470
12.70
476
1140

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93a) Reg. Dist. No. 166

06064

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Garrett

(b) City or town Rural - Oakland, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 35 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Garrett

(c) City or town Rural - Oakland (If outside city or town limits, write RURAL and give town)

(d) Street No. Hydro Electric Dam (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Margaret (Martin) Kershner

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife James B. Kershner

6. (c) If alive, give age No years

7. Birth date of deceased (mo., day, yr.) April 12, 1863

8. AGE: Years 76 | Months 4 | Days 6 | If less than one day ____hr. ____min.

9. Birthplace Oakland, Garrett Co., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER

12. Name Peter Martin

13. Birthplace North Hampton, Pa.

MOTHER

14. Maiden Name Mary Bell Mason

15. Birthplace Oakland, Md.

16 (a) Informant Frances E. Kershner

(b) Address P.O. Oakland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 1939 (month) (day) (year)

(c) Cemetery or crematory Red House

Location 9 Miles So. Oakland, Md.

18 (a) Funeral director Herbert C. Leighton

(b) Address Oakland, Md.

19 (a) 6/19/1939 (Date rec'd by registrar) (b) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death June 18, 1939, at 3:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1937, to June 18 1939 and that I last saw him alive on June 18 1939.

Immediate cause of death	Duration
a. Cattle Myocarditis	2 weeks
Due to Auricular Fibrillation	1938
Due to Hypertension	1932
Other conditions Cerebral Hemorrhage with right sided paralysis	1932

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ralph Calandrella M.D. M. D. or other

Address Kitzmiller, Md Date signed June 20 '39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (85) Reg. Dist. No. 14

CERTIFICATE OF DEATH

06065

1. PLACE OF DEATH:
(a) County Garrett
(b) City or town Rural - Oakland, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in this community (yrs., mos., or days) 24 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Garrett
(c) City or town Rural - Oakland
(If outside city or town limits, write RURAL and give town)
(d) Street No. ½ Mile West of Oakland
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Anna May Savage

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ✓

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1914

8. AGE: Years 24 | Months 7 | Days 9 | If less than one day ✓ hr. ✓ min.

9. Birthplace Mt. Lake Park, Garrett Co. Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Walter Clinton Savage
13. Birthplace Friendsville, Md.

MOTHER
14. Maiden Name Elsie Dee Witt
15. Birthplace Mt. Lake Park, Md.

16 (a) Informant Walter Savage
(b) Address Oakland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1939 (month) (day) (year)
(c) Cemetery or crematory Sang Run
Location Sang Run, Md.

18 (a) Funeral director Herbert L. Leighton
(b) Address Oakland, Md.

19 (a) 6/10/1939 (Date rec'd by registrar) (b) Julia Rowan Deal Registrar

MEDICAL CERTIFICATION

20. Date of death June 9, 1939, at 5:00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1939, to June 9 1939, and that I last saw him alive on June 9 1939.

	Duration
Immediate cause of death: Status Epilepticus	48 Hours
Epilepsy	
Due to Embolism	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. I. Broadwater M. D. or other
Address Oakland Date signed 6/10/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

06066

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (98-1)

County Garrett Registration Dist. No. 166

Village or City Oakland, Maryland. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Zerelda Wilt. If U. S. Veteran, specify WAR

(a) Residence: No. (State Road dist.) MERRILL St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Wilt.

6. DATE OF BIRTH (month, day, and year) July 26th, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakland, Maryland.

FATHER

13. NAME Nicholas Merrill.

14. BIRTHPLACE (city or town) (State or country) Frostburg, Md.

MOTHER

15. MAIDEN NAME Isabelle Kight.

16. BIRTHPLACE (city or town) (State or country) Barton, Md.

17. INFORMANT George Wilt.
(Address) Oakland, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cem. Date June 4th, 1939

19. UNDERTAKER Emroy D. Bolden.
(Address) Oakland, Md.

20. FILED 6/31, 1939 Julia Rowan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 1st. 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939, to May 30, 1939

I last saw her alive on May 30, 1939; death is said to have occurred on the date stated above, at 10:00 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Cerebral hemorrhage	
Hypertension	
Other Contributory Causes of Importance:	
Myocardosis	

Name of operetion Date of

What test confirmed diegnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. E. P. Berger M. D.

(Address) Oakland, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN